

At the beginning of the present year, in order to stimulate an interest in state registration among the recent graduates of training schools in the District of Columbia, it was decided that no graduate should be eligible to the benefits of the registry who was not a "registered nurse" according to the law. This did not exclude the non-graduate, or experienced, class, as it applied only to graduates.

In such an undertaking as a central registry the work of the registrar is somewhat complicated, in trying to adjust the claims of the nurses to the demands of the physicians, to act with tact as well as justice and fairness to all concerned. It may be said that this has been done satisfactorily in the present instance.

In the beginning of the third year the business affairs were in so satisfactory a condition that it was possible to engage an assistant to the registrar, at a small salary, to relieve the regular incumbent for a certain time each day, or as they may agree between them.

This small account may interest those about to start such registries in other cities, giving, as it does, the principal reasons for the success of this one, *i.e.*, the public spirit of the superintendents mentioned in giving up their own private registries, the loyalty of association members in supporting the registry in its infancy, and the decision to make the registry useful to as great a number of people as possible.

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### AN ACCOUNT OF A CASE OF EPILEPSY

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BABY M., a little girl two years old, and seemingly in the very best of health, was sitting at a child's low table eating her supper at 6 P.M., November 17, 1907, when we noticed her falling down, or rather sliding down, from her chair in a dead faint, and on picking her up we found her quite rigid. She soon came to, but seemed very uncomfortable and dazed until she vomited, after which she went to sleep as usual. The doctor who was called and who knew the child well, thought it was only a case of digestive disturbance and ordered calomel in doses of gr.  $\frac{1}{10}$ , until one grain had been taken, followed by castor oil, 3ii.

The next day she seemed much as usual until afternoon, when she looked very tired and wanted to lie down or to be held. She had her light supper at 6 o'clock and was put to bed at 6.30. At 7 P.M. we heard a short cry, and on running upstairs found her in what we still thought was some stomach disturbance, though she had always before

had a good digestion. This little spell lasted only a few seconds, after which she went to sleep. At 10.30 P.M. she again screamed out, and this time we became alarmed and called the doctor. In the meantime, I gave her a simple enema, a mustard foot bath, and an alcohol rub. There was a good result from the enema, the stool well digested. She again vomited. Doctor C. gave no order except to watch her. She slept quietly from 11.30 P.M. until 5.30 A.M., her usual waking time.

The next day, November 19, we gave her mostly liquid diet and kept her very quiet. She had, during the day, only one fainting spell, as we still called it, as she would seemingly lose consciousness only for a few seconds. Her temperature was normal, pulse 100, respiration 28.

November 20. We found her pulse intermittent, and when the doctor called he ordered tincture digitalis, gtt. iii, t.i.d. P.C. She was also ordered to bed, and after this she was either in bed or in our arms. She became extremely nervous and peevish. Her temperature was 98.8°, pulse 88, respiration 28. She had two good stools and voided plenty of urine; her appetite and digestion were good. During this day she had four fainting spells.

November 21. She had rested quite well during the night, and at 6 A.M. her temperature was 98°, pulse 78, respiration 20. She had a fainting spell at 8 A.M., her pulse was 60, and as her heart was still very bad we did not think of epilepsy. At 8.40 A.M. she had another attack, and this time she screamed out and became very rigid, with a vivid blue color which soon changed into a grayish hue. This attack lasted two minutes. At noon she had still another, and we began to fear spinal meningitis. Dr. C. now ordered tincture digitalis gtt. ii, t.i.d., and bromide potassium, gr. iv, every four hours; aromatic spirits of ammonia gtt. v, p.r.n., also warm tub baths whenever she became rigid. From noon until 7 P.M. the child had four very severe convulsions, each lasting from three to five minutes. At 9 P.M. a consultation was held, and during the doctors' call a very rigid convulsion occurred. This time she uttered a loud cry, her teeth were set, and there was froth at the mouth. Her color was ashy and her head was drawn to the right side. There was now no mistaking the diagnosis—epilepsy. The bromide solution was ordered given every two hours instead of every four hours. She was put on a very nourishing diet which consisted of soft boiled rice, raw eggs, beef broth, cooked fruit, and plenty of milk. Her appetite after she got thoroughly under the bromide was better than it had been for several weeks previous. At 10 P.M. her temperature was 100°, pulse 120, respiration 30. During the night she had four more convulsions, all hard ones, and her eyes twitched a great deal.

November 22. At 6 A.M., temperature 101°, pulse 102, respiration 30. She voided urine only when coming out of a convulsion. Her bowels moved twice a day, also after a convulsion. From November 22 to November 23, she had ten convulsions, none less than three minutes in length. Between the convulsions she was very fretful and nervous.

November 23. Evening temperature 99°, pulse 106, respiration 30. She had had eight convulsions.

November 24 and 25. She had nine convulsions each day; morning temperature 101°, pulse 110, respiration 30.

November 26. At 4 P.M. there was another consultation and chloral hydrate gr. v, b.i.d. by rectum was added to the bromide, of which she was taking gr. xxxviii, each twenty-four hours. Tincture digitalis, gtt. iii, was continued b.i.d. This day she had fifteen convulsions; between 5 P.M. and 8.30 P.M. she had five. She usually slept about an hour after an attack and then would wake and go right into another.

November 27. She had nine convulsions.

November 28. She had eight, but they were much lighter; she was not so rigid, she was also less nervous.

November 29. Only one convulsion. Temperature, pulse, and respiration continued about the same as before; she was, however, very weak and seemed dazed.

We continued the same treatment until December 3, when the chloral and tincture digitalis were discontinued. The bromide solution was kept up until December 7, when gr. iv every four hours during the day were given, making the amount for twenty-four hours gr. xvi.

December 26, it was changed to t.i.d. She weighed thirty-five pounds.

On January 8, 1908, she was again weighed and had gained two pounds.

When an attack began, I would at once lay her on a bed I kept for that purpose, prepared with a pillow, rubber and draw sheet, and one light blanket. I would then watch to see that she did not hurt herself. I used also to put a small granite basin under her to receive the involuntary discharges. I found it better than a chamber or bed-pan. I kept her in a flannel nightdress, so that she might be warm but unrestricted.

Her recovery seems to be complete and the physicians do not anticipate any return of the trouble. Everything is being done for the child in the way of healthful living.